1930

CITY OF



CARLISLE

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

School Health Service

FOR THE YEAR 1951

BY

JAMES L. RENNIE M.D., F.R.F.P.S. (Glas.), D.P.H. SCHOOL MEDICAL OFFICER.



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To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Bentlemen,

I have the honour to submit my Annual Report on the School Health Service for 1951.

Once again I am able to record the complete absence of Diphtheria in the City, but I should like to emphasise the necessity for continued immunisation of all children against this disease.

The usefulness of the Dental Section was again restricted by the lack of staff and at the end of the period under review the work was three years behind schedule.

On 1st April, 1951, the City Boundary was extended and one additional school, Kingstown, an all-through school of 196 places was taken over by the City Council. The figures in this report refer to children attending maintained schools in the City as extended.

I should like to take this opportunity of expressing my thanks to the members of the Education Committee for their support, and to all members of the staff of this Department for their unfailing loyalty and industry. I also wish to give thanks to the Director of Education and his staff, and the Head Teachers and their staffs for their valued contribution to the success of the School, Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,
JAMES L. RENNIE,
School Medical Officer.

May, 1952.

STATISTICAL SUMMARY.

Average No. on Rolls	9375
No. of "Routine" Inspections	3915
No. of Children ("Routine" Inspecti referred for Treatment excluding D Diseases	ental
No. of Children ("Routine" Inspect referred for Observation	100~
No. of "Special" Inspections	2396
No. of Re-inspections	5156
Total No. of Inspections	11467
No. of Parents interviewed at "Routi Medical Inspections (74%)	
No. of Visits to Schools by Assistant Schools Medical Officers	chool 216
No. of Visits to Schools by Nurses	498
No. of Visits to Homes by Nurses	894
No. of Cases treated at the Clinic	1383
No. of Attendances at Clinic for Trea	tment 9711
No. of Children examined by School D	entist 3666
No. of Children treated by School De	ntist 2212

MEDICAL INSPECTION.

The periodic inspection of children is a valuable part of the work of the School Health Service. The detection of gross defects for which the parents have not sought medical aid no longer plays an important rôle, though not infrequently the examiner can direct the attention of parents to the early manifestations of disease and abnormality when treatment is most likely to be successful. Medical inspection offers an excellent oppor-

tunity for health education and an occasion when parent and teacher can discuss with the Medical Officer and Nurse any problems affecting the child's education, talents, future occupation or other pertinent matter.

It is, therefore, highly desirable that parents should, if possible, attend the Inspection. During the year 74% of children presented for routine examination were accompanied by parents. Of the 3,915 children so examined 2,392 were found to be free from defects of note. 2,156 'defects were observed in the remaining 1,523 children.

Table A shows the defects noted at Periodic Inspections and those found in 2,396 children referred for special examination. The high incidence of cases requiring treatment (2,129) in the latter group is on account of its being a highly selected sample.

TABLE A.
FINDINGS OF MEDICAL INSPECTION.

	Periodic	Inspections.	Special In	nspections.
	No. c	of Defects	No. o	f Defects.
Defect or Disease.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
kin	38	50	232	2
VA.	179	479	435	16
ar	43	24	112	17
lose and Throat	115	257	211	28
ervical Clanda	44	157	5	54
peech	12	25	86	16
leart and Circulation .	8	68		2
ungs	35	108	19	3
Vervous System	1	11	1	1
Prinopaedic Defects	43	154	60	9
Other Defects and Diseases (ex- cluding Defects of Nutrition, Dental Diseases, and Un-				
cleanliness)	62	122	968	8
Total	580	1455	2129	156

COMMUNICABLE DISEASES.

The communicable diseases both infectious and contagious and verminous conditions are now of less importance than they were in former years. In Table B is set out the number of children excluded from school for such diseases (but not verminous conditions) by the Medical Staff. In addition 11 children were excluded because they were medically unfit to attend school although not suffering from a communicable disease.

TABLE B.

Scabies Ringworm of Pulmonary T			•••		4
		10818	• • •	• • • •	1
Bronchiectas	18	• • •	•••	• • • •	2
Measles .		• • •	• • •	• • •	2
Mumps .	•••	•••	•••		1
					10

It is gratifying to note that the epidemic of ringworm of scalp came to an end at the beginning of the year and only one case remained under treatment at the end of the year.

The occurrence of vermin or dirty conditions is, unfortunately, not completely eradicated from the population. The infestation is maintained in what one might describe as a "hard core" of offenders but unfortunately clean children not infrequently become infested by contact with them. School Nurses by regular inspection of schools do all in their power to keep these conditions under control but while other members of the family harbouring lice may be in the home how can we expect a child, even after treatment, to remain free. The education of the public in matters of cleanliness is the only solution. The routine cleanliness inspections by the Nurses have had great educational value up to the present and we can only hope that their continued efforts will eventually eradicate uncleanliness in the population.

The statistics relating to uncleanliness are given in Table C.

TABLE C.

Total number of examinations	22903
Number of children found dirty or ver-	
minous (Verminous, 328; Nits, 310; Other conditions, 13)	651
Number of these allowed to continue at	
school under supervision	
Number excluded from school	117
Number of parents requested to clean dirty or fleabitten body and/or clothing	
of children	13
Number of children excluded on-	
One occasion	88
Two occasions ,	22
Three or more occasions	7

INFECTIOUS DISEASES.

These will be fully dealt with in the report of the Medical Officer of Health. It is with pleasure I can record for the second year in succession the absence of Diphtheria from the City. Table D gives the incidence of infectious diseases in the school population.

TABLE D.

Scarlet Fever	,	 	63
Measles		 	445
Whooping Cough		 	23
Pneumonia		 	1
Acute Poliomyelitis]
Dysentery		 	5
Food Poisoning		 	1
Mumps		 	278
Chickenpox		 	-135

IMMUNISATION AGAINST DIPHTHERIA.

The immunisation campaign has been steadily pressed forward and 8,148 children of statutory school age are known to have been immunised.

(The tables formerly published in the School Health Report have been omitted. The table will, however, be included in the Health Report when published).

MEDICAL TREATMENT.

MINOR AILMENTS.

The number of cases treated for minor ailments (excluding scabies) at the School Clinic during the year was 1,352*.

The resul	lts of treat	tment ob	stained w	ere as f	ollows:—
Cured					
Improved	l				2
	ttending	or faile	ed to cor	nplete	
their c	ourse of t	reatmen	t	•	16
	to Hospit				13
	ending f		ment on	31st	
	ber, 1951				20

9,711 attendances were made by children to the School Clinic.

In addition, 31 cases of scabies attended for advice and treatment; all were treated by the School Nurses at the Cleansing Centre, School Clinic.

*This figure includes cases shown in Table IV, Groups I, II, III and VII of the Ministry's Returns on pages 21-23.

DENTAL INSPECTION AND TREATMENT

By T. W. Gregory, L.R.C.P.S., L.D.S., Senior School Dental Officer.

The Dental staff consisted of one dental officer, one full-time dental attendant, one half-time dental attendant, and an outside technician employed as required on a yearly contract.

The parlous state of the school dental service is now so well known that mention is made only to obtain the correct background. The disparity between the prospects for a young dentist in the general dental service and those under the Local Authorities is still such as to discourage recruitment. By implementing the Whitley Award, however, this Council has done all that could be expected of it in that direction.

Comparing the record of work done during the year with that of 1950, one finds a close similarity in the figures. A noticeable increase, however, in the number of permanent teeth extracted, is but the logical sequence to a three-year gap in the periodic inspections and subsequent offer of treatment.

In all, 3,666 children were inspected. 2,735 of these were found to require treatment, and 2,351 was the number to whom treatment was offered. 2,212 children were actually treated.

The total number of fillings inserted was 1,913, of which 117 were in deciduous teeth.

55 of the 461 half-days devoted to treatment were sessions held for Orthodontic Work at which 882 attendances were made and 102 children treated.

17 children were referred for Radiological Examination and Report.

The complete figures relating to dental defects will be found in tabular form on pages 23 and 24.

In conclusion I would like to express my appreciation to all those who, by their co-operation, have helped to maintain this vital service.

EAR, NOSE, AND THROAT DEFECTS.

The Clinic conducted by Mr. R. S. Venters, F.R.C.S., and his Assistants was held at George Street on 36 occasions when 759 children were examined.

Children seen at this Clinic can have any necessary operative treatment at the City General Hospital and during the year 232 children received such treatment.

One child was provided with a hearing aid.

Three children were referred to Professor Ewing at Manchester who gave advice to the Local Education

Authority as to appropriate training and education. At the end of the year 2 parents were attending the parents group at Manchester to receive advice on training their deaf children.

DEFECTS OF THE EYES.

Dr. A. Ross Wear continued to conduct regular specialist sessions (45 in number) at George Street Clinic. 444 pupils were examined and spectacles were found necessary and prescribed in 332 cases. It is gratifying to note that the waiting time for the dispensing of spectacles has now been greatly reduced. Since August the spectacles prescribed by the Regional Hospital Board Specialist have been provided at the expense of the East Cumberland Hospital Management Committee and not the Executive Council. This is the first step towards bringing the eye service within the province of the Consultant Specialist Services.

ORTHOPÆDIC SERVICE.

The absence of an Orthopædic Nurse has greatly hampered the work of the Clinic at Eildon Lodge.

Mr. William Mc.Kechnie, F.R.C.S., Ed., and Miss Soutter, F.R.C.S., Ed., have conducted 32 clinic sessions at which 459 children were examined. Cases requiring active treatment and rehabilitation had to be referred to the already overworked Rehabilitation Department at the Cumberland Infirmary.

The Artificial Sunlight Clinic was continued throughout the year for the treatment of school and preschool children, a part-time nurse being in attendance. 7 school children, 2 of whom suffered from orthopædic defects, received treatment, and a total of 130 attendances were made.

TUBERCULOSIS.

A full report on this subject will be given in the report of the Medical Officer of Health.

11 children of school age have been notified as suffering from tuberculosis. During the year it was possible to offer X-ray at the Mass Miniature Radiography Unit to all school leavers and teachers. 1,421 pupils and 244 teachers availed themselves of this opportunity.

SPEECH THERAPY.

Regular treatment of children suffering from speech defects was carried on throughout the year. Table E shows the work done in this Department for the 116 children who attended during the year. Most of these children receive a weekly individual treatment.

TABLE E.

•					
	Boys.		Girls		Total.
,	V				
	34		23		57
• • •	5		5		10
	9		4		13
	6		7	.,.	13
	39		20		59
	53		27		80
	••••	34 5 9 6 39	34 5 9 6 39	34 23 5 5 9 4 6 7 39 20	Boys. $Girls.$ $$ 34 $$ 23 $$ $$ 5 $$ 5 $$ $$ 9 $$ 4 $$ $$ 6 $$ 7 $$ $$ 39 $$ 20 $$ $$ 53 $$ 27 $$

The defects from which the children suffered are shown in Table F.

TA	\mathbf{B}	L	\mathbf{E}	\mathbf{F}	
----	--------------	---	--------------	--------------	--

		Boys.	Girls.	Total.
Stammerers		 37	 16	 5 3
Lispers		 11	 7	 18
Multiple defec	ts	 19	 16	 35
Cleft Palate	,	 2	 2	 4
Others		 4	 2	 6

MENTAL ASSESSMENT AND CHILD GUIDANCE.

This very necessary though time consuming work has been continued as in the previous year. The Department is fortunate in having a fully qualified and experienced Educational Psychologist who can deal with many of the teachers' problems with backward children. On her shoulders falls the duty of selecting which backward cases require an examination by a Medical Officer.

During the year under review the Educational Psychologist examined 207 children and young people. 46 of these were originally referred in 1950 the remaining 161 attended for the first time in 1951. The above figures include children seen by the Child Guidance team but the majority, as is shown below, were requiring advice regarding backwardness at school rather than maladjustment. It is interesting to note (Table G) the people who referred children for examination by the Psychologist.

TABLE G.

al of Children to Parch

sources of Keferral	or Childr	en to r	$\operatorname{sycholo}_{i}$	gist.
Head Teachers				153
General Medical		ners (v	via	
School Medical	Officer)			11
School Medical O	fficer			9
Parents				8
Children's Officer				8
Psychiatrist				5
Speech Therapist			•••	5
Director of Educa	ation			2
Health Visitors				2
Social Workers				2
School Welfare O				1
Probation Officer			•••	î

As one would expect, the Head Teacher is the person who calls upon the service most (74% of all cases) and this is as it should be. The ages of persons referred varies from 2 years to 17 years but the majority are aged be-

tween 7 and 13 years, the average age being 9½ years. Backwardness at school is the principal complaint. In many of these cases the Educational Psychologist can offer help and advice to the teachers but the more severe cases, 37 in number, had to be referred to the School Medical Officer for special examination to ascertain whether the child should be certified as Educationally Subnormal or Ineducable. While it cannot be claimed that an Intelligence Quotient can give a complete picture of a child's mental attainments or aptitudes, it does give a fair indication of the level of intelligence of the child examined, and in Table H is set out the number of children whose intelligence quotient fell in the appropriate group.

TABLE H.

I.Q.	30—	40	50	60—	70—	80—
No. of Children	1	5	. 12	. 17	38	32
I.Q. No. of	90—	100—	110	120—	130—	140149
	39	27	. 7	. 6	4	3

It will be seen from the above figures that the majority of children dealt with were of low average or subnormal intelligence and it is for these that the Council will have to make provision in the City. The children with high intelligence who are not making progress at school are usually maladjusted, some to the extent of requiring treatment in a special residential school. The number of maladjusted children requiring this specialised treatment does not justify a City of this size setting up special classes but it is recommended that when such cases are ascertained, provision should be made for their education in Special Residential Schools approved by the Ministry of Education.

The Assistant School Medical Officers continue to examine all educationally subnormal children approach-

ing school leaving age in addition to unascertained cases referred to them.

The Child Guidance team consisting of Dr. Braithwaite (Consulting Psychiatrist), the Regional Hospital Board Psychiatric Social Worker and your Educational Psychologist held a session on alternate Fridays throughout the year. 17 children suffering from various forms of maladjustment were investigated and treated.

Throughout 1951 the following certifications	were
completed:—	
Children unfit for education—Section 57 (3)	4
Children unfit to be educated with other children —Section 57 (4)	None
Children notified to Local Health Authority for	
supervision after leaving school—Section 57	
$(\tilde{\mathfrak{d}})$	13
Children requiring education in Special Residential	
Schools	None
Children requiring education in a Special Day	
School	10
Children requiring special education in an	
Ordinary School	15
	_
HANDICAPPED CHILDREN.	
	made
HANDICAPPED CHILDREN. Provision for various handicapped children was as follows:—	made
Provision for various handicapped children was as follows:—	
Provision for various handicapped children was as follows:— In Certified Schools for Blind	1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb	1 10
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School	1 10 1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School In Orthopædic Hospital School	1 10 1 1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School In Orthopædic Hospital School In Residential Special School for Epileptics	1 10 1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School In Orthopædic Hospital School In Residential Special School for Epileptics In Residential Special Schools for Educationally	1 10 1 1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School In Orthopædic Hospital School In Residential Special School for Epileptics In Residential Special Schools for Educationally Sub-Normal Children In Day Open-Air School on 31.12.51—	1 10 1 1
Provision for various handicapped children was as follows:— In Certified Schools for Blind In Certified Schools for Deaf and Dumb In Residential Cripple School In Orthopædic Hospital School In Residential Special School for Epileptics In Residential Special Schools for Educationally Sub-Normal Children	1 10 1 1

Educationally Subnormal.

Receiving Education from	Peripate	tic Teach	er—	
In City General Hospita	l			2
In their own Homes				5
On waiting list for educ	ation at	31.12.51		2
The following Handic present in attendance still awaiting Special	at Ordi	nary Scho	ools are	3
Partially Blind				1
Deaf				1
Educationally Sub-Norm	ıal			138
Epileptics				4

18 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any establishment under the Education Authority. 14 of these children are in institutions and the remainder are under the supervision of the Local Health Authority.

OPEN-AIR SCHOOL FOR DELICATE CHILDREN.

At the beginning of the year 90 children were in attendance and 34 were admitted during the year, giving a total of 124 children dealt with. 27 children were discharged during the year, leaving 97 still in attendance at the close of the year. The average length of stay of the pupils who were discharged during the year was 2 years 1 month.

The following types of cases were dealt with: -

Tubercular—			
Pulmonary (non-infec	etious)		9
Non-Pulmonary			14
Pretubercular			3
Bronchitis and Asthma			31
Malnutrition			5
Anæmia and Debility			35
Heart Disease			8
Orthopædic Defects		• • •	12
Myopia and Partial Blind	lness	• • •	2
Hæmophilia	•••		2
Nævus—Left leg	• • •		1
Nephritis			1
Muscular Dystrophy		• • •	1

PROVISION OF MILK AND MEALS IN SCHOOLS.

MILK.

The average number of children on one day availing themselves of the scheme has been 6,760, as compared with 6,752 last year. The table given below shows the numbers taking milk on an average day in each of the three school terms:—

 January to April
 ...
 ...
 6358

 May to August
 ...
 ...
 6809

 September to December
 ...
 7113

Milk is available during week-ends and holidays, but the demand remains poor.

The percentage of children having milk on one set day during the year was 74.5.

MEALS.

The Table given below shows the number of children taking meals (free and paid) on any one day during each of the three school terms:—

	Free.	Paid.
January to April	 714	2752
May to August	 688	2764
September to December	 755	2805

The percentage of children having meals on one set day during the year was 38.5.

CO-OPERATION OF VOLUNTARY BODIES.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year I had no occasion to refer the case of a school child to the Local Officer of the National Society for the Prevention of Cruelty to Children.

CHILDREN'S SUNSHINE HOME, ALLONBY.

This Home, which was open eight months in the year, provided 51 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

The City Council contributes annually to the funds of this Home.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

63 boys and 1 girl were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

EXAMINATION OF TEACHERS.

37 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

HOME VISITING.

894 home visits were made by the School Nurses during the year.

DEATHS OCCURRING IN SCHOOL CHILDREN.

9 school children died during the year from the undermentioned causes:—

Pueumonia		 	2
Accidents		 	2
Pulmonary Tube	erculosis	 	1
Non-Pulmonary	Tuberculosis	 	2
Measles		 	1
Chronic Pyelitis		 	1

MINISTRY OF EDUCATION. MEDICAL INSPECTION RETURNS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS.)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups: -

Entrants				1093
Second Age Group				892
Third Age Group	• • •	•••	• • •	849
		Total		2834
Number of other Periodic	e Insp	ections		1081

Grand Total ... 3915

B.—OTHER INSPECTIONS.

$\begin{array}{c} \mathbf{Number} \\ \mathbf{Number} \end{array}$		Inpections pections		$2396 \\ 5156$
			Total	 7552

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	To t al individual pupils.
(1)	(2)	(3)	(4)
Entrants	2	166	168
Second Age Group	41	67	104
Third Age Group .	37	43	76
Total (prescribed groups)	80	276	348
Other Periodic Inspections	40	86	117
Grand Total	120	362	465

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

		Periodic	Inspections	SPECIAL INSPECTIONS			
		No. of	defects	No. of defects			
efect Code No.	Defect or Disease	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment		
	(1)	(2)	(3)	(4)	(5)		
4	Skin	38	50	232	2 .		
5	Eyes - a. Vision b. Squint . c. Other	120 36 23	488 37 4	284 5 146	16 —		
6	Ears—a. Hearing b. Otitis Media c. Other	3 15 25	13 9 2	3 49 60	$\frac{1}{16}$		
7	Nose or Throat	115	257	211	28		
8	Speech	12	25	86	16		
9	Cervical Glands	44	157	5	54		
10	Heart and Circulation	8	68	_	2		
11	Lungs	3 5	108	19	3		
12	Developmental — a. Hernia b. Other	7 5	3 15	<u></u> 1	Ξ		
13	Orthopædic— a. Posture b. Flat foot c. Other	4 10 29	14 39 101	2 14 44	1 8		
14	Nervous System— a. Epilepay b. Other		11	1	1		
15	Paychological — a. Development b. Stability	1	34 15	46 1	1		
16	Other	49	176	939	7		

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

	Number of	A. (Good)		B. (Fair)		C. (Poor)	
Age Groups	Pupils Inspected	No.	% of col. 2	No	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1093	230	21.1	818	74.3	45	4.1
Second Age Group	892	272	30.5	601	67.4	19	2,1
Third Age Group	849	247	29.1	580	68.3	22	2 6
Other Periodic Inspections	1081	336	31.1	710	65.7	35	3.2
Total	3915	1085	27.7	2709	69.2	121	3.1

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total	numb	er o	f exan	ninations	ii	n the
	schoo	ols by	the	school	nurses	or	other
	autho	orized	perso	ns			. 22903

- (ii) Total number of *individual* pupils found to be infested ... 651
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act,

 1944) ... Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAIN-TAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP I—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

Number of cases treated or under treatment during the year.

			ing the jour.		
			A	By the uthority.	Otherwise.
Ringworm-	- (i) Scalp			8	_
	(ii) Body			23	_
Scabies	•••			31	_
Impetigo				48	2
Other skin	diseases			106	45
		Total		216	47
Impetigo			•••	31 48 106	45 ——

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Number of cases dealt with.

				By the Authority.	Otherwise	
	d other, excl ction and sq	_			6	
Errors of squint)	Refraction	`	luding 	4.6.4	_	
		То	tal	600	6	

(Regional Hospital Board Specialist is Consultant).

Number of cases dealt

	wi			
No. of pupils for whom spectacles were	By the Authority.	Otherwise.		
(a) Prescribed	332	39		
(b) Obtained	311*	39		
*30 pupils obtained glasses wl 1950.	hich wore pre	escribed in		
GROUP III.—DISEASES AND NOSE AND THE				
	By the			
Received operative treatment	Authority.	Otherwise.		
(a) for diseases of the ear		10		
(b) for adenoids and chronic tonsillitis		214		
(c) for other nose and throat	•••	~ 1 1		
conditions		8		
Received other forms of treatment	i I24	17		
	Total 124	249*		
*241 of these cases were referred Ear, Nose and Throat Clinic and Hospital Board Surgeon who at these Clinics.	treated by th	e Regional		
GROUP IV	∇ .			
ORTHOPÆDIC AND POST	CURAL DE	FECTS.		
(a) Number treated as in-patien hospitals	ts in 14			
		. Otherwise:		
(b) Number treated otherwise, of in clinics or out-patient dep				
ments	338	48		
(Regional Hospital Board Special	ist is Consultant	1)		

GROUP V-CHILD GUIDANCE TREATMENT.

	N	Number of cases treated.		
		the Authority's Child Guidance Clinics.		where.
Number of Pupils treated at Chi Guidance Clinics	ld 	73	_	_
GROUP VI—SPEECH	TE	IERAPY.		
	Nı	Number of cases treated.		
	A	By the athority.	Othe	erwise.
Number of pupils treated by Spee Therapist		116	_	-
GROUP VII—OTHER TRE		MENT GI		
	_	By the		
	A	uthority.	Othe	erwise.
(a) Miscellaneous minor ailments(b) Other than (a) above (specify		920	149	9
1. Surgical		_	18	
2. Chest conditions		— 6		6
		000		-
Total	l	920	178	-
		920	178	-
TABLE V DENTAL INSPECTION AN CARRIED OUT BY THE	ND I	TREATM THORIT	ENT	_
TABLE V DENTAL INSPECTION AN	ND I	TREATM THORIT	ENT	_
TABLE V DENTAL INSPECTION AN CARRIED OUT BY THE (1) Number of pupils inspected bental Officers:—	ND I	TREATM THORIT e Authori	ENT	_
TABLE V DENTAL INSPECTION AN CARRIED OUT BY THE (1) Number of pupils inspected by	ND TE AU	TREATM THORIT	ENT Y. ty's	2074

(2)	Number found to require treatment				2735
(3)	Number referred for treatment				2351
(4)	Number actually treated				2212
(5)	Attendances made by	pupils fo	or treatme	nt	4184
(6)	Half-days devoted to:	Inspecti Treatm			15 461
			Total (6)	476
(7)	Fillings— Permanent Teeth Temporary Teeth	 	 		1796 117
			Total (7)	1913
(8)	Number of Teeth fill Permanent Teeth Temporary Teeth	ed— 	 Total (8	 	1214 84 1298
(9)	Extractions— Permanent Teeth Temporary Teeth	 	 Total (9	· ·	$ \begin{array}{r} $
(10)	Administration of generatraction	neral anæ	esthetics fo) r 	1562
(11)	Other operations— Permanent Teeth Temporary Teeth		 Total (11		202 3



